Wisconsin Department of Regulation & Licensing

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PHARMACY EXAMINING BOARD

ELIGIBILITY FOR TRANSFER OF PHARMACEUTICAL LICENSURE BASED ON ACTIVE PRACTICE OF PHARMACY

Information requested is required for processing.

Please type or use black ink. (Completion of this form is required by Ch. Phar 2)

I, _____, hereby apply for a Wisconsin pharmacist's license by transfer of pharmaceutical licensure with the State(s) of _____, license number(s) _____ issued _____ .
Active practice of pharmacy is defined in Chapter Phar. 2.06, Wis. Adm. Code. ALL HOURS ENTERED MUST BE AFTER YOUR LICENSE WAS GRANTED

1. Complete a. or b. below to establish active practice of pharmacy:
   a. I have been engaged in _____ hours (minimum of 2,000 hours is required) in the practice of pharmacy within the 12 months preceding application for licensure in Wisconsin.
   b. I have been engaged in at least 2,000 hours of the practice of pharmacy comprised of no less than 500 hours in each of 3 of the 4 12-month periods preceding application for licensure in Wisconsin. Hours must be broken down by year. If total number of hours are not broken down, waiver of the Patient Consultation examination can not be considered.
      1. Total of _____ hours in the preceding 12 months;
      2. Total of _____ hours in the preceding 13-24 months;
      3. Total of _____ hours in the preceding 25-36 months;
      4. Total of _____ hours in the preceding 37-48 months.
2. Check one or more of the categories listed below which would indicate the type of practice of pharmacy which you have been engaged in for the total number of hours entered above:
   a. Lecturer/Teacher in Pharmacy _____
   b. Administrator of Hospital Pharmacy _____
   c. Non-credit Internship _____
   d. Community Pharmacist _____
   e. Pharmaceutical Representative _____
   f. Nuclear Pharmacist _____
   g. Residency _____
   h. Hospital Pharmacist _____
   i. Other (indicate type) _____
3. Enter the percentage of time, in one or more of the categories listed below that you have been engaged in the practice of pharmacy. The total must equal 100 percent.

		Percentage
a.	Interpreting prescription orders	a. _____
b.	Compounding, packaging, labeling, dispensing, administering and coincident distribution of drugs and devices	b. _____
c.	Monitoring of drug therapy	c
d.	Initiation or modification of drug therapy in accordance with written guidelines or protocols previously established and approved for a pharmacist by a practitioner authorized to prescribe drugs.	d. _____
e.	Participation in drug utilization reviews.	e. _____
f.	Proper and safe storage and distribution of drugs and devices and maintenance of proper records thereof.	f. _____
g.	Provision of information on legend and non-prescription drugs which may include, but is not limited to, advice relating to therapeutic values and potential hazards and the uses of drugs and devices.	g. _____
h.	Drug product selection.	h. _____
i.	The performing of those acts, services, operations or transactions necessary in the conduct, operation, management and operation of a pharmacy.	i. _____
j.	Other _____	j. _____
	Total	100%

Committed to Equal Opportunity in Employment and Licensing

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4. Name, address and telephone number of individual who may be contacted to verify the above.

_____

I am not currently nor have I in the past practiced pharmacy while my ability to practice is or has been impaired by alcohol or other drugs or physical or mental disability or disease. Under penalties of perjury I declare that I have personally completed this form, and that the information on this form is true and correct to the best of my knowledge and belief.

Date _____ Signature _____ Name (Please print) _____

Address _____ City _____ State _____ Zip _____ Phone (____) _____